

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Federal Correctional Institution McDowell which includes Federal Prison Camp McDowell		
Physical address:	101 Federal Drive, Welch, West Virginia 24801		
Date report submitted:	July 17, 2014		
Auditor Information	James Curington		
Address:	206 N. Washington St. Alexandria, VA 22314		
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Telephone number:	352-538-2636		
Date of facility visit:	June 24-27, 2014		
Facility Information	FCI McDowell and FPC McDowell		
Facility mailing address: (if different from above)	P.O. Box 1029, Welch, WV 24801		
Telephone number:	304-436-7300		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Jennifer Saad	Title: Associate Warden, Programs	
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Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: (if applicable)	U.S. Department of Justice		
Physical address:	320 First St., NW, Washington, DC 20534		
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AUDIT FINDINGS

NARRATIVE:

The PREA audit was scheduled by the Bureau of Prisons (BOP) and the American Correctional Association (ACA) for the Federal Correctional Institution (FCI) [including Federal Prison Camp (FPC)] McDowell for June 24 through June 27, 2014.

James Curington, Prison Rape Elimination Act (PREA) auditor was notified in early May of, and assigned to the audit for FCI McDowell, Welch, West Virginia. This was a dual, Intensive Reaccreditation Process (IRP)/Prison Rape Elimination Act (PREA) audit. Separate materials were sent by both the ACA and Bureau of Prisons FCI McDowell for each of the audits.

The process: the PREA Resource Center Audit Instrument for Adult Prisons and Jails that was finalized April 18, 2014 was used for this process. Scheduling and announcements were initiated through the American Correctional Association and the Bureau of Prisons. The audit began with the sharing of documents and emails. These materials, information and documents were sent first for the PREA audit via 40+ emails, including the preaudit questionnaire. This questionnaire was originally completed May 15 and was revised, reviewed and finalized June 27, 2014. (This auditor was especially appreciative of clarifications, revisions and appropriate additions and corrections made by the Associate Warden and PREA Compliance Manager, Jennifer Saad to this crucial document). Also, included was PREA documentation for the Standards, both from the agency level and the institutional level. These documents, in conjunction with the preaudit questionnaire, the auditor compliance tool, instructions for PREA audit tours, the interview protocols, the auditor's summary report, the process map, and the checklist of documentation were all reviewed prior to the site visit.

A preliminary meeting was held on the evening of June 23 in Beckley, West Virginia with Warden Bart Masters, his two Associate Wardens, his acting Executive Assistant and Mr. Christian Burch (Bureau of Prisons, Management Analyst, Program Review Division) in attendance. Mr. Christian Burch, the financial services and trust fund review

team, and this auditor stayed in Beckley, West Virginia and commuted each day to Welch, West Virginia, where the institution was located.

The site visit began June 24 with the usual security precautions and then a meeting with the Warden and key staff. The following were in attendance:

Bart Masters	Warden
Jennifer Saad	Associate Warden
Donna Smith	Associate Warden
Ricardo Martinez	Captain
Craig Allen	Acting Executive Assistant
William Hacker	Safety Manager
Jeannie Boyd	Trust Fund Manager
Cory Nunley	Business Administrator
Chris Davis	Acting Facilities Manager
Amber Austin	Recorder
Christian Burch	Program Review Division
Dorothy Underwood	Chief/Lead Examiner Review Team

At this time, the PREA auditor discussed the direction and means of accomplishing the PREA audit in conjunction with the IRP audit. It was explained at this time that the auditor was there to observe all areas of the facility and, specifically, the PREA compliance audit instrument's instructions for the PREA audit tour.

Following the introductions and greetings, the tour of the facility began at approximately 8:30 a.m. and continued until 2:30 p.m. that afternoon. This tour of the FCI main unit included executive offices, computer services, armory, special investigative service, business offices, human resources, the control room, the secure gated control area, offices for the Associate Wardens, correctional systems, intake, health services, psychology, special housing unit (SHU), indoor recreation, outdoor recreation, the Captain's and Lieutenant's offices, the chapel, the Chaplain's offices, education, vocational training, food service, commissary, barbershop, recycling, safety, facility services and the housing units. The second day of the tour, the outbuildings and the Federal Prison Camp (FPC) were visited and toured.

The following days of the audit continued the institutional review, including operations, management, interviews, and security and safety.

While at FCI McDowell, 28 staff were formally interviewed including specialized staff, the Warden, the PREA Compliance Manager, the PREA coordinator, health care staff, human resource staff, the facility investigator, staff responsible for intake and screening of inmates, random staff from each shift and staff in all housing areas. It is of special note that Jennifer Saad, Associate Warden and Dr. Olivia Stone, chief psychologist were extremely helpful. Additionally, 20 inmates were formally interviewed including inmates in each housing unit, in the SHU and at the FPC. There are no intersex nor transgender inmates at FCI McDowell.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Federal Correctional Institution McDowell, West Virginia, is located in the town of Welch (Indian Ridge Industrial Park) on Highway 16 in the most southern part of West Virginia. The physical address is 101 Federal Dr., Welch, WV.

This 1726 bed male federal correctional institution and the 128 bed federal prison camp is set on 344 acres of graded land surrounded by rocky mountain outcroppings and cliffs in an almost canyon like setting. The institution was constructed on land that was once a surface mine. The surrounding country is hilly with narrow two-lane roads, meandering streams and creeks all with many twists and turns throughout this mountainous area. The impression left on this auditor was one of a secure location in an isolated, rocky, mountainous, and wooded area.

FCI McDowell was activated in 2010. Staff began arriving in May 2010 and received their first inmates at the FPC in September 2010 and at the FCI in November 2010. Driving into the canyon like site, one notices the 40 acre fenced FCI main site and the smaller camp with a number of outbuildings. One passes the camp and proceeds to the main parking lot to enter FCI McDowell Administration.

The FCI main unit is surrounded by two chain-link fences, rectangular in shape, encompassing 40 acres. The chain-link fences are 6400 feet (surrounding), 12 feet high and utilize 10 strands of razor wire. When entering the FCI, one first passes through the Administration Building. The administration building staff follows strict security procedures as one moves on to the office wings to the left and right. The wings include executive offices, computer services, armory, special investigative services, business offices and human resources. As one passes the office wings, one moves down the corridor to the secure/gated control area and then outside on to the walkway to the interior compound and a very large multi-purpose building. This building includes offices and space for the associate wardens, correctional systems, intake, health services, psychology, special housing unit (SHU), indoor recreation, the captains and lieutenant's offices, chapel, chaplain's offices, re-entry, education, vocational training, food service, commissary, barbershop, recycling, safety, and facility services. One then moves on to view three large four floor V-shaped 576-bed buildings that are the inmate cellblocks

with the unit management offices. These dormitories are concrete gray in color, varying between smooth and rough finishes giving the FCI a massive, secure, and “stark look”.

Outside of the main compound and the fence secured area, there is a federal prison camp of minimum security consisting of two structures. The main structure serves as the visiting room, education, food service, laundry, commissary, Chapel, unit management offices and the message center. The second structure is a dormitory style housing unit for the camp’s minimum security inmates.

Also outside the main compound, adjacent to the FPC, are the warehouse, powerhouse, maintenance/mechanics garage, a firing range, and the staff training building which is now under construction.

It is the mission of the Federal Correctional Institution McDowell to provide a safe, secure, humane environment while providing work and other self-improvement opportunities. It further expounds in the auditor handbook that the institution prepared for this PREA and that the way in which they meet their mission is through their core value statements, their vision statements and professional direction of the leadership and staff. This auditor was especially impressed with the commitment made in the vision and core values that obviously set a high standard for staff and inmates in making this correctional workplace a leader in correctional practices and performance.

Rated Capacity: 1726 FCI, 128 FPC, total 1856 (inmate census 6/27/2014)

Actual Population: 1582 FCI, 105 FPC, total 1687 (inmate census 6/27/2014)

Security/Custody Level: FCI – Medium/Medium, FPC – Minimum/Minimum

Age Range of Offenders: 19-72 FCI, 24-64 FPC

Number of Full Time Staff: 316; 7 Administrative, 72 Program, 151 Security, 82 Other

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Non-applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency Program Statement 5324.11, Sexually Abusive Behavior Prevention and Intervention Program, sets the tone and forms the basis for compliance at BOP facilities. Zero tolerance is the policy as not only outlined in the above program statement, but also through discussions with inmates, through observation of bulletin boards with posters exclaiming such, and through various other observations and readings, such as inmate staff handbooks, communications, announcements and personal interactions. Moreover, McDowell FCI/FPC has an institutional policy, MCD 5324.11B, that further elaborates and provides guidelines to address prohibited and/or illegal sexually abusive behavior. Organizational charts were reviewed and the PREA coordinator was identified in policy and documents.

It was noted that FCI McDowell takes this zero tolerance seriously and was noted from interviews that PREA is discussed during department head meetings, divisional meetings and interdepartmental meetings.

§115.12 - Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy that prescribes zero tolerance towards all forms of sexual abuse and sexual harassment also requires contractors to adopt and comply with the PREA standards. Contracts were reviewed and furnished as examples. No specific contracts are involved at the local level concerning confinement of FCI McDowell inmates.

§115.13 – Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Warden at FCI McDowell was a previous Human Services Department Head at both the institutional and agency level. It is clear his background gives him a unique and special perspective of staffing, staffing ratios and employee supervision options that should and could meet the needs of the facility. The Warden has specifically adopted special hiring programs, installed video monitoring with 205 cameras and managed staff, such that this is a secure and safe facility. Average population at FCI McDowell is 1718.

Staffing plan is followed, unannounced rounds are made, and technology is continually reviewed.

§115.14 – Youthful Inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Nonapplicable. No youthful inmates at FCI McDowell

§115.15 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

FCI McDowell is an all-male facility. The facility does not conduct cross gender strip and visual body cavity searches of inmates. In the past 12 months, there have been zero cross gender strip and/or visual body cavity searches of inmates.

Interviews and observation along with partitions and waist high barriers in specific areas, revealed that there is privacy such that inmates can perform bodily functions,

change clothing and shower without staff of the opposite gender viewing breast, buttocks or genitalia, including viewing by video camera.

Procedures require that staff of the opposite gender announce their presence when entering inmate housing. Moreover, the PREA coordinator has adopted this procedure as a simple and important courtesy. Announcements are also made throughout the day and evening by dormitory intercom in the large dormitory settings. Interviews with inmates and staff indicate that announcements are made and there is a sense of privacy for the inmate at FCI McDowell.

Policy prohibits staff from physically examining or searching transgender or intersex inmates for the sole purpose of determining the inmate's genital status. There are no transgender or intersex inmates at McDowell.

All staff have received training in conducting cross gender patdown searches.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

FCI McDowell has level 1 medical grade inmates. For inmates who are limited in English proficiency, a staff member assists. One of the random inmates interviewed by this auditor required staff assistance to translate and present the PREA scripted questions for interview. In the past 12 months, no incidences were required to use inmate interpreters or assistance.

§115.17 – Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Personnel and training records were at a high level. The Human Resource Manager was interviewed and presented a thorough, comprehensive and inclusive overview of policy and procedures for the agency and the institution as it relates to PREA, background checks and all personnel practices. Policy knowledge and the code of ethics expected of employees is at a high level.

§115.18 – Upgrades to Facilities and Technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This facility was opened in 2010 and was observed to be new, clean and technologically efficient. There are 205 cameras that are monitored and assist in supervision. Additionally, 60 mirrors have been added to further assist with supervision. All areas are constantly reviewed for improvement and updating as necessary. The Warden and executive staff have made rounds to identify blind spots, moreover, they have worked hard to increase staff awareness and improve inmate/staff safety throughout the FCI and the FPC.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency is responsible for administrative investigations. The Office of the Inspector General (OIG) and/or the Federal Bureau of Investigation (FBI) may be responsible for criminal investigations. The Bureau of Prisons FCI McDowell staff are familiar with all protocols which are adapted from the Department of Justice, National Policy.

Furthermore, evidence collection, as required, may be done through Beckley Area Regional Hospital, including the collection of sexual assault evidence in conducting sexual assault investigations, e.g. rape kit as administered by Sexual Assault Nurse Examiner (SANE).

There is a gratuitous services agreement to assist with victim advocate services between FCI McDowell and the Women's Resource Center (WRC) Beckley, West Virginia.

Number of forensic medical exams in the past 12 months: 0

Number of exams performed by SANEs in the last 12 months: 0

Number of exams performed by qualified medical practitioner during the past 12 months: 0

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy PS 5324.11

During the past 12 months, the number of allegations of sexual abuse and/or sexual harassment that were received were 11.

During the past 12 months, the number of allegations, resulting in administrative investigation were 10. (One allegation did not rise to the level of PREA, unfounded. It was documented and shared with the auditor.)

During the past 12 months, the number of allegations referred for criminal investigation were zero.

§115.31 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Training records, staff interviews and curriculum review indicated that the staff at FCI McDowell are well-trained. Staff are knowledgeable about the zero tolerance policy for sexual abuse and sexual harassment and they are knowledgeable on how to perform their responsibilities in detection, reporting and response. In the past 12 months, 308 of 316 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

Between trainings, the agency provides employees, who may have contact with the inmates, with information about current policies regarding sexual abuse and sexual harassment.

The auditor was impressed with the BOP's staff internet communications and the Sallyport training tool that is used by the Bureau of Prisons to enhance training and communication.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

All volunteers and contractors who have contact with inmates have been trained on their responsibility under agency policies. In the past 12 months, there have been 35 volunteers and contractors who have been trained in the agency's policies. The agency maintains documentation of this training.

§115.33 – Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Intake was observed, the inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment.

During the last 12 months 1090 inmates were given this information at intake. Agency policy also requires that inmates that were transferred to FCI McDowell are educated regarding their rights to be free from sexual abuse, harassment and retaliation.

Documentation is made of the inmate's participation in these educational sessions. Policy PS 5290.14 was reviewed along with BP S518.052. (Documentation of Inmate Education)

§115.34 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed investigative intelligence training records, True Intel and investigative report training. Interviews with the two special investigators support the fact that this is being accomplished at FCI McDowell. The number of investigators who have completed the required training is two.

§115.35 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Medical and mental health practitioners who work regularly at FCI McDowell are trained. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received training by the agency policy are 18 and 100% respectively.

§115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The screening process for risk of victimization and abusiveness is objective and, in this auditor's opinion, meets PREA standards. Policy PS 5324.11 was reviewed along with the Intake Screening form and the Psychology Intake form. This, combined with the interviews of mental health staff, the PREA coordinator, and the inmates, supports compliance.

The Clinical Psychologist was especially helpful in presenting information and data concerning this assessment process.

§115.42 – Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Practice, observation, and documentation along with interviews with mental health staff and inmates support compliance.

§115.43 – Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing. The policy is PS 5324.11.

The number of inmates at risk of sexual victimization, who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours is 0.

The number of inmates at risk of sexual victimization, who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days is 0.

From review of files, the number of inmates at risk of sexual victimization, who were held in involuntary segregation housing the past 12 months is 0.

§115.51 – Inmate Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse and sexual harassment.

Interviews with inmates, interviews with intake staff, policy PS 5324.11, posters and bulletin board information, and the True Links communication system all support avenues of the reporting process for inmates.

§115.52 – Exhaustion poster of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Policy 1330.18 clearly outlines the procedure for remedies, extensions, third-party reporting, exhaustion of remedies and emergency grievances.

The number of grievances alleging sexual abuse filed by inmates in the past 12 months is 0.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months is 0.

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for filing in bad faith is 0.

§115.53 – Inmate Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by doing the following: toll-free hotline numbers, addresses and telephone numbers for victim advocacy or rape crisis organizations and, specifically, the Women's Resource Center (WRC), Beckley, West Virginia.

§115.54 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment through the agency public website www.bop.gov.

The agency and facility publicly distribute information on how to report inmate sexual abuse or sexual harassment on behalf of inmates, through the pamphlet: *Abusive Behavior Prevention and Intervention*, and through PREA reports and notices.

§115.61 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy PS 5324.11, Sexually Abusive Behavior Prevention and Intervention Program, clearly outlines reporting steps. Interviews with staff and inmates revealed that all are aware of the step by step procedure to take concerning reporting duties. Training curriculum and records reveal that staff and inmates have been trained in how to report.

§115.62 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy PS 5324.11 directs immediate action to protect inmates subject to substantial risk of imminent sexual abuse. Staff are aware of this policy and steps to take, as evidenced by their training and the interviews taken by the auditor.

In the past 12 months, the number of times the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse was 0.

§115.63 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the current facility will contact the head of the facility or appropriate office of the agency/facility where the sexual abuse was alleged, Policy PS 5324.11. FCI McDowell received two inmates alleging sexual abuse/sexual harassment. This auditor reviewed the documentation of notifications, e-mails and the OIG review information and found all were within policy and appropriate action was taken.

§115.64 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

First responder duties are outlined in policy PS 5324.11, Sexually Abusive Behavior Prevention and Intervention Program.

The institutional supplement policy is MCD 5324.11B which further outlines the description of procedures, specification of staff members and for what they are responsible, and further elaborates on notification procedures.

Interviews with random staff and specialized staff clearly substantiated their training, knowledge, and understanding of first responder duties.

In the past 12 months, there has been only one allegation of sexual abuse at FCI McDowell that was to a security staff member. Proper procedures were followed. Documentation was reviewed by this auditor and is noted that policy was strictly followed.

§115.65 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has a written, coordinated response plan led by the Associate Warden and the Chief Psychologist. FCI McDowell has an excellent team in place to coordinate actions, follow-up, and “lessons learned”.

§115.66 – Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into a collective bargaining agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. The auditor’s determination from interviews and agreements substantiates compliance.

§115.67 – Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy PS 5324.11 delineates protection against retaliation which is further supported by institutional policy on Sexually Abusive Behavior Prevention and Intervention, MCD 5324.11B

The number of times an incident of retaliation occurred in the last 12 months is 0.

§115.68 – Post-Allegation Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy of prohibiting the placement in involuntary segregation of inmates who allege to have suffered sexual abuse. Policy PS 5324.11 directs such.

There have been zero incidences of placement in involuntary segregated housing.

§115.71 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy PS 5324.11 related to criminal and administrative agency investigations.

There were zero allegations that appeared to be criminal, or needed to be referred for prosecution.

§115.72 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

A “preponderance of the evidence” was described in investigative interviews. PS 5234.11 clearly defines the evidentiary standard for administrative investigations as a preponderance of the evidence.

§115.73 – Reporting to Inmate

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy and institutional policy require inmate notification as described in this standard. One alleged case of sexual abuse was investigated, appropriate documentation was made which did not rise to the level of PREA (unfounded). The inmate was released. Memos to file were reviewed by the auditor.

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months is 0. Notifications nonapplicable.

There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the past 12 months.

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Staff are subject to disciplinary sanctions as outlined in personnel policy.

Zero staff have been disciplined for violation of agency sexual abuse or sexual harassment at FCI McDowell in the last 12 months.

Zero staff have been reported to law enforcement or licensing boards following termination for violating agency sexual abuse and sexual harassment policies in the last 12 months.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy requires any contractor or volunteer who engages in sexual abuse be appropriately reported.

Zero number of contractors/volunteers reported for engaging in sexual abuse.

Memo to the file indicates no violation of agency sexual abuse or sexual harassment policy by a contractor or volunteer in the last 12 months at FCI McDowell.

§115.78 – Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Inmate discipline policy outlines disciplinary sanctions for inmates for sexual abuse, sexual harassment.

Zero number of administrative findings of inmate on inmate sexual abuse or sexual harassment.

Zero number of criminal findings of inmate on inmate sexual abuse or sexual harassment.

Memo to file indicating no sexual conduct with staff by inmate.

The agency prohibits all sexual activity between inmates.

§115.81 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Screenings and history of sexual abuse is covered as outlined in policy PS 5324.11. Interviews, observations, and documents provided to this auditor supports compliance.

Psychologists interviews in case reviews with inmates support meeting this standard.

Intake staff, unit management staff and mental health staff are trained in documenting history of sexual abuse and making appropriate mental health screenings.

§115.82 – Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

FCI McDowell has the appropriate medical support contracts and service agreements with Beckley Area Regional Hospital and the Women's Resource Center for treatment and care.

Psychology Services mental health staff at the facility are all supportive and extend appropriate care to inmates at this FCI.

Administration and management, through observation and interviews, are clearly supportive of their medical and mental health departments and services.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Medical/mental health treatment is outlined in PS 5324.11 (Sexually Abusive Behavior, Prevention and Intervention Program).

The Chief Psychologist and health care staff at FCI McDowell work hard to extend appropriate treatment to the inmates at this facility as observed and heard by this auditor in interviews with both inmates and staff.

§115.86 – Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy documentation of PS 5324.11: One completed administrative investigation and follow up of alleged sexual abuse at FCI McDowell was documented.

The facility prepared a report of its findings and such was reviewed by the auditor. The incident included upper-level management review, review team, and allowed for input from investigators and medical and mental health practitioners. Meeting minutes were used to document recommendations for improvement and/or reasons for not doing so.

§115.87 – Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy PS 5324.11 addresses collection of accurate uniform data of every allegation of sexual abuse.

Special Investigative Services (SIS) data, internal affairs data, SENTRY data, and annual reports substantiate meeting this the standard.

§115.88 – Data Review ☐ for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The annual report was used by FCI McDowell to improve the effectiveness of its sexual abuse prevention, detection and response, policies and training. Additionally,

the agency makes its annual report readily available to the public through its website www.bop.gov.

§§115.89 – Data Storage, ☐ Publication, and Destruction ☐

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy PS 5324.11 ensures that the incidents, based on accurate data, are securely retained. The Bureau of Prisons maintains sexual abuse data collected pursuant to Rule 115.87 for at least 10 years after the date of initial collection, unless federal, state or local law requires otherwise.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

James Curington

7/17/2014

Auditor Signature

Date